

Abilify Mycrite - sCORE

Products Affected

- ABILIFY MYCITE MAINTENANCE KIT TABLET 10 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 15 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 2 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 20 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 30 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 5 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 10 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 15 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 2 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 20 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 30 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 5 MG ORAL
- ABILIFY MYCITE TABLET 10 MG ORAL
- ABILIFY MYCITE TABLET 15 MG ORAL
- ABILIFY MYCITE TABLET 2 MG ORAL
- ABILIFY MYCITE TABLET 20 MG ORAL
- ABILIFY MYCITE TABLET 30 MG ORAL
- ABILIFY MYCITE TABLET 5 MG ORAL

Details

Criteria	Trial of generic aripiprazole. Step applies to new starts only. Approve for continuation of prior therapy.
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Antidepressants - sCORE

Products Affected

- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL
- DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL
- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details

Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine. Approve for continuation of prior therapy.
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Atypical Antipsychotics - sCORE

Products Affected

- CAPLYTA CAPSULE 42 MG ORAL
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Details	
Criteria	Trial of two of the following generic formulary atypical antipsychotic agents: aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy.

Bisphosphonates - sCORE

Products Affected

- FOSAMAX PLUS D TABLET 70-2800
MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600
MG-UNIT ORAL

Details

Criteria	Trial of one of the following generic formulary oral bisphosphonate agents: alendronate, ibandronate, risedronate
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DPP4 INHIBITORS NON-PREFERRED - sCORE

Products Affected

- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL
- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 MG ORAL

Details

Criteria	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta
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FILGRASTIM - sCORE

Products Affected

- GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS
- GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS
- GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS
- GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS
- NEUPOGEN SOLUTION 300 MCG/ML INJECTION
- NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION
- NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION
- NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION
- NIVESTYM SOLUTION 300 MCG/ML INJECTION
- NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION
- NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION
- NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION

Details

Criteria	Trial of Zarxio
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Gimoti - sCORE

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details

Criteria
Trial of generic oral metoclopramide

Gloperba - sCORE

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML
ORAL

Details

Criteria	Trial of generic colchicine
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INHALED CORTICOSTEROID - sCORE

Products Affected

- QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION
- QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION

Details

Criteria	Trial of: Arnuity Ellipta and either Flovent Diskus or Flovent HFA
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LAMA - sCORE

Products Affected

- TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION
- TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION (30 ACTUATE)

Details

Criteria	Trial of Spiriva or Incruse Ellipta
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Leukotriene modifiers - sCORE

Products Affected

- *zileuton er tablet extended release 12 hour 600 mg oral*
- ZYFLO TABLET 600 MG ORAL

Details

Criteria	Trial of generic montelukast or generic zafirlukast
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LONG ACTING OPIOIDS - sCORE

Products Affected

- ARYMO ER TABLET EXTENDED
RELEASE ABUSE-DETERRENT 15 MG
ORAL
- ARYMO ER TABLET EXTENDED
RELEASE ABUSE-DETERRENT 30 MG
ORAL
- ARYMO ER TABLET EXTENDED
RELEASE ABUSE-DETERRENT 60 MG
ORAL

Details

Criteria	Trial of Xtampza ER
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NAMZARIC - sCORE

Products Affected

- NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL

Details

Criteria	Trial of generic memantine extended-release
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NON-PREFERRED SGLT2S - sCORE

Products Affected

- INVOKAMET TABLET 150-1000 MG ORAL
- INVOKAMET TABLET 150-500 MG ORAL
- INVOKAMET TABLET 50-1000 MG ORAL
- INVOKAMET TABLET 50-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 MG ORAL

Details

Criteria	
	Trial of Farxiga or Xigduo XR, AND one of the following: Jardiance, Synjardy, Synjardy XR. Step requirements do not apply to members with type 2 diabetes and diabetic nephropathy.

PD agents - sCORE

Products Affected

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

Details

Criteria	Trial of one of the following generic formulary dopamine agonist agent: pramipexole, ropinirole
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RELISTOR - sCORE

Products Affected

- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (0.6ML SYRINGE)
- RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS
- RELISTOR TABLET 150 MG ORAL

Details

Criteria	Trial of Amitiza/lubiprostone and lactulose
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RYTARY - sCORE

Products Affected

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

Criteria	
	Trial of one generic carbidopa/levodopa containing formulation

Skin Cancer Agents - sCORE

Products Affected

- KLISYRI OINTMENT 1 % EXTERNAL

Details

Criteria	Trial of any one of the following generics: fluorouracil, imiquimod
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Statins - sCORE

Products Affected

- LIVALO TABLET 1 MG ORAL
- LIVALO TABLET 2 MG ORAL
- LIVALO TABLET 4 MG ORAL

Details

Criteria	Trial of any one of the following generic formulary HMG-CoA reductase inhibitors (statin): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
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 RELEASE 24 HOUR 2.5-1000 MG ORAL
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 KOMBIGLYZE XR TABLET EXTENDED
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 THERAPY PACK 7 & 14 & 21 & 28 -10
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 NAMZARIC CAPSULE EXTENDED
 RELEASE 24 HOUR 14-10 MG ORAL 13
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NAMZARIC CAPSULE EXTENDED
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 NEUPOGEN SOLUTION 300 MCG/ML
 INJECTION 6
 NEUPOGEN SOLUTION 480 MCG/1.6ML
 INJECTION 6
 NEUPOGEN SOLUTION PREFILLED
 SYRINGE 300 MCG/0.5ML INJECTION 6
 NEUPOGEN SOLUTION PREFILLED
 SYRINGE 480 MCG/0.8ML INJECTION 6

NEUPRO PATCH 24 HOUR 1 MG/24HR
 TRANSDERMAL..... 15
 NEUPRO PATCH 24 HOUR 2 MG/24HR
 TRANSDERMAL..... 15
 NEUPRO PATCH 24 HOUR 3 MG/24HR
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 NEUPRO PATCH 24 HOUR 4 MG/24HR
 TRANSDERMAL..... 15
 NEUPRO PATCH 24 HOUR 6 MG/24HR
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 NEUPRO PATCH 24 HOUR 8 MG/24HR
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NIVESTYM SOLUTION 300 MCG/ML
 INJECTION 6
 NIVESTYM SOLUTION 480 MCG/1.6ML
 INJECTION 6

NIVESTYM SOLUTION PREFILLED
 SYRINGE 300 MCG/0.5ML INJECTION 6
 NIVESTYM SOLUTION PREFILLED
 SYRINGE 480 MCG/0.8ML INJECTION 6

O

ONGLYZA TABLET 2.5 MG ORAL 5
 ONGLYZA TABLET 5 MG ORAL 5

Q

QVAR REDIHALER AEROSOL BREATH
 ACTIVATED 40 MCG/ACT INHALATION
 9
 QVAR REDIHALER AEROSOL BREATH
 ACTIVATED 80 MCG/ACT INHALATION
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R

RELISTOR SOLUTION 12 MG/0.6ML
 SUBCUTANEOUS..... 16
 RELISTOR SOLUTION 12 MG/0.6ML
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 RELISTOR SOLUTION 8 MG/0.4ML
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 RYTARY CAPSULE EXTENDED RELEASE
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 RYTARY CAPSULE EXTENDED RELEASE
 61.25-245 MG ORAL..... 17

T

TUDORZA PRESSAIR AEROSOL
 POWDER BREATH ACTIVATED 400
 MCG/ACT INHALATION..... 10
 TUDORZA PRESSAIR AEROSOL
 POWDER BREATH ACTIVATED 400

MCG/ACT INHALATION (30 ACTUATE)
 10

V

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